

DATE: \_\_\_\_\_

**Application For Admission  
El Dorado High School Health Careers Academy**

I Want To Apply To The Health Careers Academy:

Last Name	First	DOB	Home Phone
Address	City	Zip Code	
School	Current Grade	2 <sup>nd</sup> Period Teacher (EDHS Students ONLY)	

1. Why do you want to join the Health Careers Academy? What special skills, hopes, aspirations, motivations, and enthusiasms do you bring to the Academy that will make your life productive and the academy a better place to work and learn?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
2. What are your career goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
3. In what activities are you involved? Extra-curricular, school (team, leadership, clubs)  
\_\_\_\_\_  
\_\_\_\_\_  
Community, Church \_\_\_\_\_.
4. List any hobbies that you have (play an instrument, collections, sports) \_\_\_\_\_  
\_\_\_\_\_.
5. Math Class: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Science Class: \_\_\_\_\_ Current Grade: \_\_\_\_\_
6. As part of the application process you will need a recommendation from one of your teachers or school officials. The form is on the back of this page. We need only a few sentences or a paragraph, but it must be signed and dated.

**If you have questions, please call the El Dorado High School Health Academy office at (530) 622-3634, ext. 1421.  
PLEASE RETURN THIS APPLICATION TO THE HEALTH ACADEMY MAILBOX AT THE EL DORADO HIGH SCHOOL  
OR YOUR SCHOOL COUNSELOR.**

